

**Resource AMS Analysis Application (FOR ADMIN USE ONLY)**  
**National Resource for Biomedical AMS**  
**Lawrence Livermore National Laboratory**

Instructions: Please complete Section I (PI/Collaborator) & Section II (General Information) **IMPORTANT:** Answer the federal grant question, then forward this form to the individual that is authorized to sign Contracts/Grants, etc. for completion of Section III. This information is critical for the initiation of the required paperwork mandated by the U.S. National Nuclear Security Agency (NNSA) in conjunction with the Lawrence Livermore National Security, LLC. These documents are mandatory in order to allow LLNL to perform any work for a Non-Federal customer. Please email or fax completed form to the person at the bottom of this sheet.

**SECTION I - Principal Investigator/Collaborator**

**PI/Collaborator Name**   
**University/Institution/Company**   
**Department**   
**Department Address**   
  
**Phone**  **Fax**  **email**

**SECTION II- Analysis/Project Information**

**LLNL PI/Collaborator Name**   
**AMS** ☐ **Type of Nuclide**  **Microprobe** ☐  
**Project Term (number of Months)**   
**Project Title**   
**Total Contract Amount**   
**Estimated Cost per Sample**   
**Estimated Number of Analyses (Total)**   
**Estimated Number of Analyses (Initial)**

**Do you have a federal grant supporting this project?** Yes ☐ No ☐

**If yes, please provide:** Agency  Grant#

**SECTION III- Contract/Grants/Administrator (Authorizing Individual)**

**Name**   
**Title**   
**Address**   
  
**Phone**  **Fax**  **email**

**Billing Contact (Individual that would authorize invoices for payment)**

**Name**   
**Title**   
**Address**   
  
**Phone**  **Fax**  **email**

**Send Completed Form to: Mila Shapovalov**

email: shapovalov1@llnl.gov fax: (925) 422-2282 ph: (925) 424-5232